

Unum

The Benefit Center
PO Box 100262
Columbia, SC 29202
Phone: 1-888-226-7959
Fax: 1-866-562-4794
www.unum.com



May 15, 2015

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET SW
ATLANTA, GA 30303-8960

RE: Eachus, Patricia L DOB: January 14, 1951
 Claim Number(s): 5207063615003
 Provident Life and Accident Insurance Company

Dear Sir or Madam:

We are writing to you regarding our client, Dr. Patricia Eachus. We are in need of information relevant to a claim filed with our company.

We understand reports were filed with your department regarding Cordell Hull's violation for toxic mold, asbestos and lead. We request you provide us with any EPA violation reports, and/or any additional EPA testing performed on Cordell Hull. Enclosed is authorization allowing the release of this information to us.

You may fax this information to me at 774-437-7141 or mail to the address located on this letterhead.

If you have any questions, please contact me at 1-888-226-7959, extension 76710.

Sincerely,

Melissa A Walsh

Melissa A Walsh
Lead Appeals Specialist

Enclosures: Claim Form: Authorization
CC: Patricia Eachus (without enclosures)

**INDIVIDUAL DISABILITY STATUS UPDATE**

The Benefits Center

P.O. Box 100262, Columbia, SC 29202-3262

Toll-free: 1-866-226-7959 Fax: 1-866-552-4794

Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).



02875001553499409

Please sign and return this authorization to The Benefits Center at the address above. You are entitled to receive a copy of this authorization. This authorization is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Authorization

I authorize health care professionals, hospitals, clinics, laboratories, pharmacies and all other medical or medically related providers, facilities or services, rehabilitation professionals, vocational evaluators, health plans, insurance companies, third party administrators, insurance producers, insurance service providers, credit bureaus, the MIB Group, Inc., GENEX Services, Inc., The Association of Life Insurance Companies (which operates the Health Claims Index and the Disability Income Record System), professional licensing bodies, employers, attorneys, financial institutions and/or banks, and governmental entities;

To disclose information, whether from before, during or after the date of this authorization, about my health, including HIV, AIDS or other disorders of the immune system, use of drugs or alcohol, mental or physical history, condition, advice or treatment (except this authorization does not authorize release of psychotherapy notes), prescription drug history, earnings, financial or credit history, professional licenses, employment history, insurance claims and benefits, and all other claims and benefits, including Social Security claims and benefits;

To the following persons: Unum Group and its subsidiaries, Unum Life Insurance Company of America, Provident Life and Accident Insurance Company, The Paul Revere Life Insurance Company, and persons who evaluate claims for any of those companies ("Unum"), employee benefit plans sponsored by my employer and any person providing services to, or insurance benefits on behalf of, such plans, and to anyone who provides services, including the evaluation of claims, related to benefits offered by Unum, my employer, or the Social Security Administration ("Authorized Recipients");

For the purposes of evaluating and administering claims, including assistance with return to work. Unum also may rely on this authorization for one year, or as otherwise permitted by law, to disclose information about me to the Authorized Recipients so they may conduct health care operations, claims payment, administrative, and audit functions related to my benefit plans.

Information authorized for use or disclosure may include information which may indicate the presence of a communicable or non-communicable disease.

If I do not sign this authorization or if I alter or revoke it, Unum may not be able to evaluate my claim(s), which may lead to my claim(s) being denied. I may revoke this authorization at any time by sending written notice to the address above. I understand that revocation will not apply to any information that is requested prior to Unum receiving notice of revocation.

The privacy protections established by HIPAA may not apply to information disclosed under this authorization, but other privacy laws do apply. Information disclosed under this authorization may be redisclosed only as permitted or required by law, including state fraud reporting laws. For evaluation and administration of claims, this authorization is valid for two years or the duration of my claim.

Insured's Signature

Patricia L. Erchius

Printed Name

10-21-2014

Date Signed

412-84-8481

Social Security Number

I signed on behalf of the Insured as _____ (Relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.

Unum
THE BENEFIT CENTER
PO BOX 100262
COLUMBIA, SC 29202

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 4
SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET SW
ATLANTA, GA 30303-8960